## Application Form: Awakening the Voice of the Heart

NAME:	
ADDRESS:	
EMAIL:	
DATE:	AMOUNT PAID:
Have you stu	died with any of the instructors previously? Please list classes taken:
What is your	intention for enrolling in this class?
	ble to be present and fully engaged for all sessions of this class? If not, tes and reasons for your absence:
Please descri a regular bas	be any spiritual, contemplative or physical practices that you engage in on is.
Do you have a	any questions, concerns, or special needs?

**Instructions:** Please mail completed form and check or money order for full payment or \$200 deposit made out to Therese FitzMaurice, 602 Hiller Road, McKinleyville, CA 95519. To pay in cash, bring completed form and payment to Robyn Smith at Inner Freedom Yoga, 890 G St., Arcata, CA before or after her regular classes (schedule at <a href="https://www.innerfreedomyoga.com">www.innerfreedomyoga.com</a>).

**Cancellation Policy:** No refunds will be given after January  $1^{st}$ . For cancellations made before January  $1^{st}$ , payment will be fully refunded minus a \$10 administration fee.

**PLEASE NOTE:** Submission of an application and deposit does not guarantee admission.